

02-20-01

A

+

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# NEW UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under

37 CFR 1.53(b))

Attorney Docket Number

21532-04870

First Named Inventor

Rodney Bennett

Title

A System and Method for Automating  
The Assembly, Processing and  
Delivery of Documents

Express Mail Label No.

EL566200482US

U.S. PATENT  
OFFICE  
09/16/01

02/16/01

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (in duplicate)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27
3. ☒ Specification Total Pages   
(preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross Reference(s) to Related Case(s)
  - Statement Regarding Fed sponsored R & D
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawing(s)
  - Detailed Description
  - Claim or Claims
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
5. Oath or Declaration
  - a. ☒ New Declaration Total Pages   
☐ Executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ Certified Copy of Priority Document(s) (if foreign priority  
is claimed)
9. ☐ Power of Attorney or Authorization of Agent
10. ☐ 37 CFR 3.73(b) Statement
11. ☐ Preliminary Amendment
12. ☐ Information Disclosure Statement & PTO-1449  
☐ Copies of IDS Citation(s)
13. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form  
PTO/SB/35 or its equivalent
14. ☒ Return Postcard
15. ☐
16. ☐
17. ☐

### ADDRESS TO:

Box Patent Application  
Commissioner for Patents  
Washington, D.C. 20231

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_/\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number and Bar Code  
Label



00758

PATENT TRADEMARK OFFICE

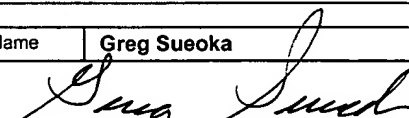
|                   |                |                                   |         |
|-------------------|----------------|-----------------------------------|---------|
| Name (Print/Type) | Greg T. Sueoka | Registration No. (Attorney/Agent) | 33,800  |
| Signature         |                | Date                              | 2/16/01 |

|   |  |                          |                |
|---|--|--------------------------|----------------|
| 0002/PTO(modified)<br>Rev. 10/2000  | U.S. Department of Commerce<br>Patent and Trademark Office | <b>Complete if Known</b> |                |
| <b>FEE TRANSMITTAL</b><br><br><b>TOTAL AMOUNT OF PAYMENT</b><br>Subtotal (1) + Subtotal (2) + Subtotal (3) = <b>(\$ 355.00)</b> |  | Application Number       | Unassigned     |
|   |  | Filing Date              | 2/16/01        |
|   |  | First Named Inventor     | Rodney Bennett |
|   |  | Group Art Unit           | Unassigned     |
|   |  | Examiner Name            | Unassigned     |
|   |  | Attorney Docket Number   | 21532-04870    |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)  |  |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
|--|--|--|----------------------------------|-----------------|-----------|------------------------|----------------|-------------------------------------|-----------------------------------|-----------|---------------|--|----------------------|-------------|---|--|----------------------|---|--------------------|--|----------------------|-----------|-----------------|---|----------------------|-----------|-----------|--|----------------------|-------------|-----------|---|----------------------|-------------|-----------|--|----------------------|-----------|-----------|------------------|----------------------|-------------|-----------|--|----------------------|-------------|-----------|--------------------------------|----------------------|-----------|-----------|------------------|----------------------|-----------|-----------|-------------------------------|----------------------|-----------|-----------|--|----------------------|-----------|-----------|---|----------------------|----------|----------|--|----------------------|-----------|-----------|---|----------------------|-----------|-----------|--|----------------------|--|--|--|----------------------|--|--|----------------------|----------------------|---------------------|--|-------------|--|
| <b>1. The Commissioner is hereby authorized to:</b><br><br><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.<br><br><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †<br><br><input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27<br><br>Deposit Account Number: 19-2555<br>Deposit Account Name: FENWICK & WEST LLP<br><br>A Duplicate Copy of this authorization is attached<br><br><b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other  | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month†</td><td><input type="text"/></td></tr> <tr><td>116/\$390</td><td>216/\$195</td><td>Extension for response within second month†</td><td><input type="text"/></td></tr> <tr><td>117/\$890</td><td>217/\$445</td><td>Extension for response within third month†</td><td><input type="text"/></td></tr> <tr><td>118/\$1,390</td><td>218/\$695</td><td>Extension for response within fourth month†</td><td><input type="text"/></td></tr> <tr><td>128/\$1,890</td><td>228/\$945</td><td>Extension for response within fifth month†</td><td><input type="text"/></td></tr> <tr><td>119/\$310</td><td>219/\$155</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>141/\$1,240</td><td>241/\$620</td><td>Petition to revive unintentionally abandoned application</td><td><input type="text"/></td></tr> <tr><td>142/\$1,240</td><td>242/\$620</td><td>Utility Issue Fee (Or Reissue)</td><td><input type="text"/></td></tr> <tr><td>143/\$440</td><td>243/\$220</td><td>Design Issue Fee</td><td><input type="text"/></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td><input type="text"/></td></tr> <tr><td>179/\$710</td><td>279/\$355</td><td>Request for Continued Examination (RCE)</td><td><input type="text"/></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146/\$710</td><td>246/\$355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149/\$710</td><td>249/\$355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr><td colspan="2"></td><td>Other fee (specify): 10 Copies of patent</td><td><input type="text"/></td></tr> <tr><td colspan="2"></td><td>Other fee (specify):</td><td><input type="text"/></td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td colspan="2"><b>(\$)</b></td> </tr> </tbody> </table> | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee     | Fee Description | Fee Due   | 105/\$130              | 205/\$65       | Surcharge - late filing fee or oath | <input type="text"/>              | 127/\$50  | 227/\$25      | Surcharge-late provisional filing fee or cover sheet | <input type="text"/> | 147/\$2,520 | 147/\$2,520                                     | For filing a request for reexamination | <input type="text"/> | 115/\$110   | 215/\$55           | Extension for response within first month† | <input type="text"/> | 116/\$390 | 216/\$195       | Extension for response within second month† | <input type="text"/> | 117/\$890 | 217/\$445 | Extension for response within third month† | <input type="text"/> | 118/\$1,390 | 218/\$695 | Extension for response within fourth month† | <input type="text"/> | 128/\$1,890 | 228/\$945 | Extension for response within fifth month† | <input type="text"/> | 119/\$310 | 219/\$155 | Notice of Appeal | <input type="text"/> | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | <input type="text"/> | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | <input type="text"/> | 143/\$440 | 243/\$220 | Design Issue Fee | <input type="text"/> | 122/\$130 | 122/\$130 | Petitions to the Commissioner | <input type="text"/> | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | <input type="text"/> | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | <input type="text"/> | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> |  |  | Other fee (specify): 10 Copies of patent | <input type="text"/> |  |  | Other fee (specify): | <input type="text"/> | <b>SUBTOTAL (3)</b> |  | <b>(\$)</b> |  |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee   | Fee Description  | Fee Due                          |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 105/\$130  | 205/\$65   | Surcharge - late filing fee or oath  | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 127/\$50   | 227/\$25   | Surcharge-late provisional filing fee or cover sheet                       | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 147/\$2,520  | 147/\$2,520  | For filing a request for reexamination                                     | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 115/\$110  | 215/\$55   | Extension for response within first month†                                 | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 116/\$390  | 216/\$195  | Extension for response within second month†                                | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 117/\$890  | 217/\$445  | Extension for response within third month†                                 | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 118/\$1,390  | 218/\$695  | Extension for response within fourth month†                                | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 128/\$1,890  | 228/\$945  | Extension for response within fifth month†                                 | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 119/\$310  | 219/\$155  | Notice of Appeal   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 141/\$1,240  | 241/\$620  | Petition to revive unintentionally abandoned application                   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 142/\$1,240  | 242/\$620  | Utility Issue Fee (Or Reissue)   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 143/\$440  | 243/\$220  | Design Issue Fee   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 122/\$130  | 122/\$130  | Petitions to the Commissioner  | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 126/\$180  | 126/\$180  | Submission of Information Disclosure Statement                             | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 179/\$710  | 279/\$355  | Request for Continued Examination (RCE)                                    | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 581/\$40   | 581/\$40   | Recording each patent assignment per property (times number of properties) | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 146/\$710  | 246/\$355  | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 149/\$710  | 249/\$355  | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
|  |  | Other fee (specify): 10 Copies of patent                                   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
|  |  | Other fee (specify):   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| <b>SUBTOTAL (3)</b>  |  | <b>(\$)</b>  |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| <b>FEE CALCULATION (fees effective 10/01/2000)</b><br><b>1. FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>101/\$710</td><td>201/\$355</td><td>Utility Filing</td><td><input type="text" value="355"/></td></tr> <tr><td>106/\$320</td><td>206/\$160</td><td>Design Filing</td><td><input type="text"/></td></tr> <tr><td>108/\$710</td><td>208/\$355</td><td>Reissue</td><td><input type="text"/></td></tr> <tr><td>114/\$150</td><td>214/\$75</td><td>Provisional Filing</td><td><input type="text"/></td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td colspan="2"><b>(\$ 355)</b></td> </tr> </tbody> </table> | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee   | Fee Description                  | Fee Due         | 101/\$710 | 201/\$355              | Utility Filing | <input type="text" value="355"/>    | 106/\$320                         | 206/\$160 | Design Filing | <input type="text"/>                                 | 108/\$710            | 208/\$355   | Reissue   | <input type="text"/>                   | 114/\$150            | 214/\$75  | Provisional Filing | <input type="text"/>                       | <b>SUBTOTAL (1)</b>  |           | <b>(\$ 355)</b> |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee   | Fee Description  | Fee Due                          |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 101/\$710  | 201/\$355  | Utility Filing   | <input type="text" value="355"/> |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 106/\$320  | 206/\$160  | Design Filing  | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 108/\$710  | 208/\$355  | Reissue  | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 114/\$150  | 214/\$75   | Provisional Filing   | <input type="text"/>             |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| <b>SUBTOTAL (1)</b>  |  | <b>(\$ 355)</b>  |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| <b>2. CLAIMS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$80</td><td>202/\$40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$270</td><td>204/\$135</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$80</td><td>209/\$40</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>   | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee   | Fee Description                  | 103/\$18        | 203/\$9   | Claims in excess of 20 | 102/\$80       | 202/\$40                            | Independent claims in excess of 3 | 104/\$270 | 204/\$135     | Multiple dependent claim                             | 109/\$80             | 209/\$40    | Reissue independent claims over original patent | 110/\$18                               | 210/\$9              | Reissue claims in excess of 20 and over original patent |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee   | Fee Description  |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 103/\$18   | 203/\$9  | Claims in excess of 20   |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 102/\$80   | 202/\$40   | Independent claims in excess of 3  |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 104/\$270  | 204/\$135  | Multiple dependent claim   |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 109/\$80   | 209/\$40   | Reissue independent claims over original patent                            |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |
| 110/\$18   | 210/\$9  | Reissue claims in excess of 20 and over original patent                    |                                  |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |                    |  |                      |           |                 |   |                      |           |           |  |                      |             |           |   |                      |             |           |  |                      |           |           |                  |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |                      |           |           |   |                      |           |           |  |                      |  |  |  |                      |  |  |                      |                      |                     |  |             |  |

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

|                       |   |                                 |         |
|-----------------------|---|---------------------------------|---------|
| <b>SUBMITTED BY</b>   |   | <b>Complete (if applicable)</b> |         |
| Typed or Printed Name | Greg Sueoka   | Reg. Number                     | 33,800  |
| Signature             |  | Date                            | 2/16/01 |